



Monroe County
Adult Health Survey Report
2000



Monroe County Health Department
April 2002

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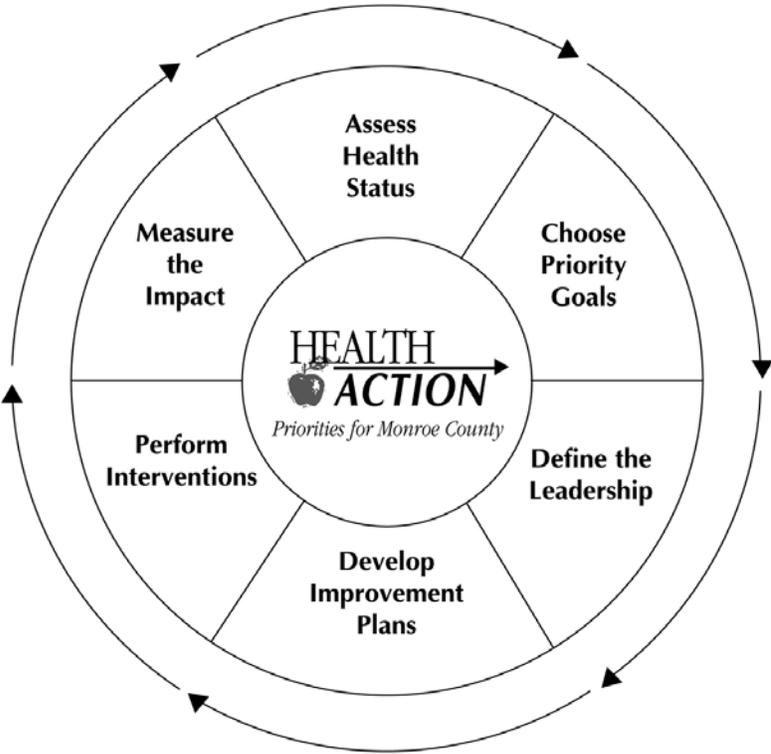
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INTRODUCTION

In the winter of 2000/2001, the Monroe County Health Department conducted the second survey of health risks and behaviors of adults aged 18 and over in Monroe County. The first survey, completed in 1997, provided valuable information for the community to determine priorities for action to improve the health status of adults as part of **HEALTH ACTION**.

HEALTH ACTION, *Priorities for Monroe County*, began in 1995 when the Director of the Monroe County Health Department convened a group of community partners to develop a plan to improve the health of Monroe County residents. The Steering Committee is composed of individuals from community organizations representing business, education and health care.

The overall goal of **HEALTH ACTION** is to improve the health of the citizens of Monroe County by aligning community resources to focus on selected priorities for action. **HEALTH ACTION** facilitates collaboration and cooperation among providers, agencies and businesses to benefit the community by concentrating resources where they are most likely to impact health status.



Health “report cards” are available for five focus areas: **Maternal/Child Health, Adolescent Health, Adult Health, Older Adult Health** and **Environmental Health** (available at www.healthaction.org). The data in these report cards were used to determine the priorities for action for the next several years for each focus area.

For adults and older adults, goals for improving health status are traditionally focused on causes of death and disability such as heart disease or cancer. Behavior, lifestyle and use of preventive services, however, play an important part in determining the health status of an individual. Shifting our focus to the modifiable factors that lead to disease, disability and death is a critical step toward achieving individual and community health improvement. The Adult Health Risk and Behavior Survey is a tool to track the health risk factors and behaviors of Monroe County residents.

This report will discuss the survey methodology and highlight the results of the survey for the County as a whole, with comparisons to previous data when available. Detailed analysis of the survey data will be published in the Adult/Older Adult Health Report Card in the summer of 2002. Data tables are available at <http://www.monroecounty.gov/health/>. Requests for specific data can be made by calling 274-6075.

SURVEY METHODOLOGY

This was a countywide random digit dial telephone survey completed by 2,526 Monroe County adults ages 18 and over. The survey was conducted between October 2000 and January 2001. The purpose of the survey was to provide data on the prevalence of health behaviors and health status indicators among adult residents of the County.

Data were collected by Macro International Inc. (d/b/a ORC Macro) using random digit-dial telephone survey techniques. Within households, one adult aged 18 years or older was randomly selected as the respondent. The survey instrument contained questions pre-tested for reliability and validity from national, state and local surveys and questions developed by the Monroe County Health Department.

The sample was designed to over-sample the City of Rochester in order to achieve adequate samples for African Americans and older adults. Because, telephone exchanges do not follow geographic boundaries, interviewers depended on respondents' self-reported zip code and town to determine the area of residence.

The response rate for the survey was 44.7%, which is consistent with survey response rates for the Behavioral Risk Factor Survey, conducted by the New York State Health Department each year (45% in 1999).

When data are collected in a random digit dial survey, the likelihood of being selected to participate may depend on how many adults live in the household, on how many telephones there are and where the residence is. So that inferences from the data could be used to make generalizations to adults and older adults living in Monroe County, survey data were weighted to correct for these unequal chances of selection.

A survey sample that has been weighted to correct for unequal chances of selection may still not match the population for all demographic characteristics since survey non-response rates are often different among different demographic groups. For example, men tend to refuse more often than women, very young adults are often difficult to reach, and very old adults often cannot participate in a telephone survey. Post-stratification is used to correct for this.

The chart below illustrates the post-stratification of the survey data by age, gender and residence.

	2000 Population Estimates	Unweighted Survey Data	Weighted Survey Data
Gender			
Male	46.5%	40.2%	46.5%
Female	53.5%	59.8%	53.5%
Age			
18-24	12.0%	8.6%	12.0%
25-34	19.1%	21.5%	19.1%
35-44	21.9%	24.2%	21.9%
45-54	19.1%	19.8%	19.1%
55-64	11.4%	10.6%	11.4%
65+	16.5%	15.3%	16.5%
Residence			
City of Rochester	30.3%	53.4%	30.3%
Suburbs	69.7%	46.6%	69.7%

These survey results may be used for prevalence estimation, and risk appraisal. They may also be used for planning, targeting and evaluating program strategies and interventions. Results may be compared to 1997 survey results and future surveys.

Limitations of the Data: The survey does not include certain populations within the County including those living in congregate care facilities, those without telephones and those with a primary language other than English.

In addition, it should be noted that the survey relies on self-reported data. Respondents tend to under-report such behaviors as alcohol use but may over-report behaviors that seem desirable such as exercise or regular health screenings. The respondent's ability to recall behaviors may also affect the accuracy of the response.

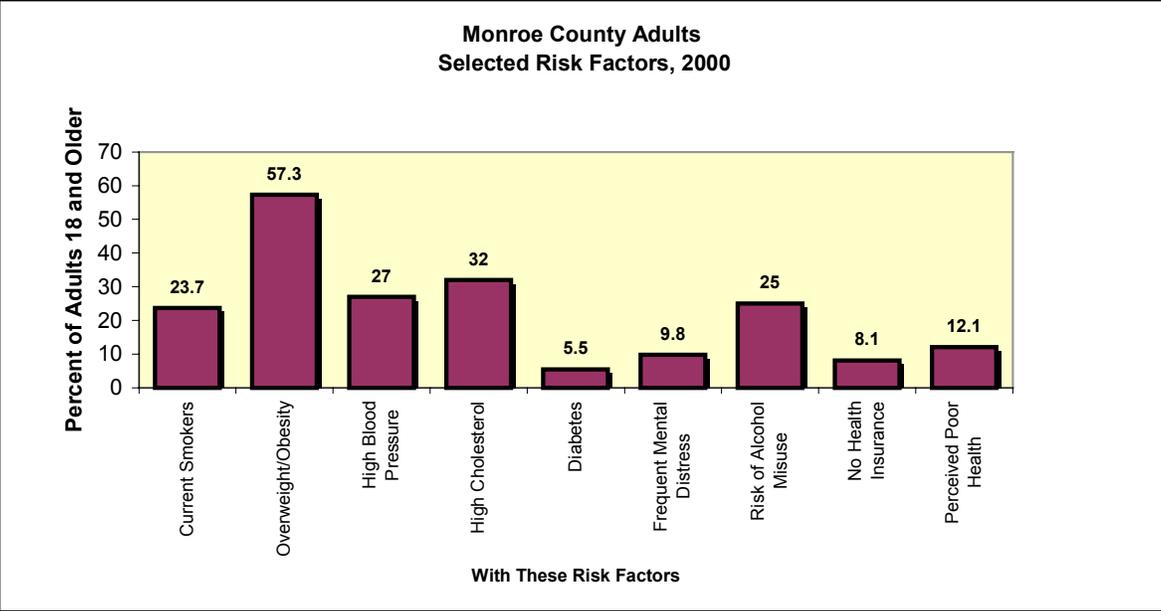
REPORT FORMAT

This report has two sections. The first highlights selected risk factors and disease detection and prevention behaviors, with a discussion of each. The second section displays all of the questions asked in the 2000 survey, with comparison data from 1997 where available.

When comparing data from the 2000 survey with data from the 1997 survey, data are characterized as higher or lower, or better or worse, only if there is a statistically significant difference at the 95% confidence level between the two values.

RISK FACTORS

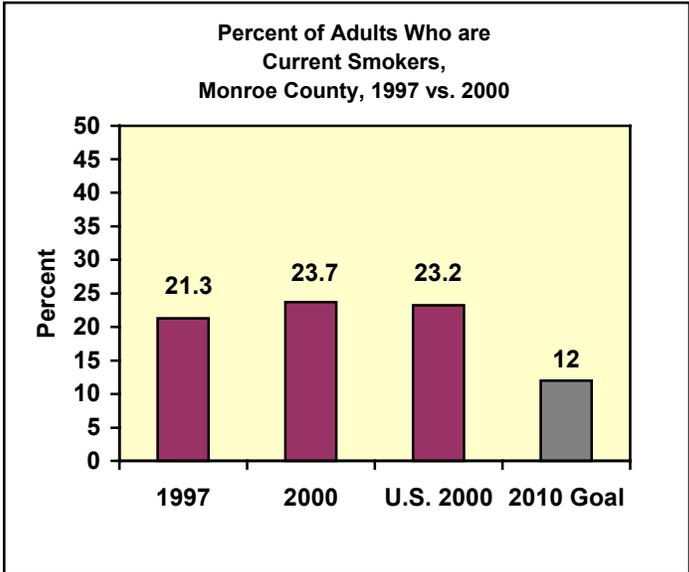
The chart below displays health risk factors for Monroe County adults as well as additional factors (frequent mental distress, health insurance status, and perceived health status) that may affect health outcomes. A detailed discussion of each risk factor follows.



CURRENT SMOKING:

The rate of smoking among Monroe County adults was 23.7% in 2000, which was not significantly different than the 1997 rate of 21.3%. These rates are consistent with national data.¹

Cigarette smoking is the single most preventable cause of disease and death in the United States. It is a major risk factor for heart disease, stroke, lung cancer and chronic lung disease. Between 1996 and 1998 an average of 2,978 Monroe County adults died each year from these diseases.

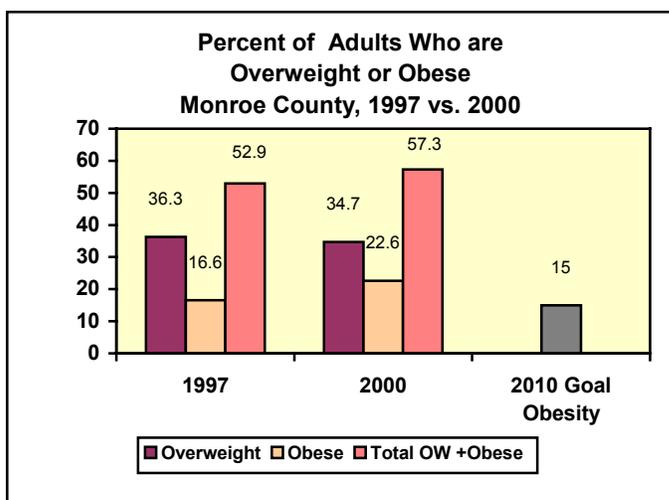


¹ Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2000, <<http://apps.nccd.cdc.gov/brfss/index.asp>>, (March 4, 2002).

WEIGHT:

In Monroe County, an estimated 57.3% of adults are overweight or obese.² This is comparable to NYS (56.9%) and national data (56.8%)³. The rate of obesity is above the 2010 Goal (15%). Data are not significantly different compared to those in the 1997 Monroe County survey. More respondents, however, report being in the obese weight range in 2000.

According to the National Heart, Lung and Blood Institute, overweight or obesity substantially raises the risk of developing hypertension, high cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate, and colon cancers. Higher body mass is also associated with an increase in all-cause death rates.⁴



“Obesity is a complex multi-factorial condition that develops from an interaction of heredity and the environment. Our understanding of how and why obesity develops is incomplete, but involves the integration of social, behavioral, cultural, physiological, metabolic and genetic factors.”⁵

HIGH BLOOD PRESSURE:

In Monroe County, an estimated 27% of adults have ever been told that they have high blood pressure. Hypertension is a leading risk factor for coronary heart disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease, and retinopathy. These complications of hypertension are among the most common and serious diseases in the U.S.; successful efforts to lower blood pressure could thus have substantial impact on population morbidity and mortality.⁶

HIGH CHOLESTEROL:

In Monroe County, an estimated 32% of adults have ever been told that they have high cholesterol. An elevated cholesterol level is a modifiable risk factor for coronary artery disease. “In four large primary prevention trials, cholesterol-lowering drug treatment for 5 to 7 years decreased risk of coronary heart disease events approximately 30% in people with high total cholesterol or average cholesterol and low HDL cholesterol. In the one trial that included women, treatment appeared to be as effective in postmenopausal women as in men.”⁷

² Overweight is defined as a body mass index (BMI) of 25 to 29.9 kg/m² Obesity is defined as a BMI of \geq 30 kg/m². In the survey, respondents are asked their height and weight and then the BMI is calculated.

³ Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2000, <<http://apps.nccd.cdc.gov/brfss/index.asp>>, (March 4, 2002).

⁴ Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults, National Institutes of Health, 1998, <http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf> (March 5, 2002)

⁵ Ibid.

⁶ Guide to Clinical Preventive Services, Second Edition, 1996, Report of the Clinical Preventive Services Task Force: 39.

⁷ Ibid., 2001 <<http://www.ahrq.gov/clinic/ajpmsuppl/lipidrr.htm#section7>> (March 4, 2002).

DIABETES:

The prevalence of diabetes remains stable in Monroe County, with 5.5% of respondents reporting ever having been told they have diabetes.

It is estimated that one-half of people with diabetes are unaware that they have the disease. Most diabetics (90-95%) are classified as having non-insulin dependent diabetes mellitus (NIDDM) or Type II diabetes. The remaining 5-10% have insulin dependent diabetes mellitus (IDDM).⁸

Diabetes is a major risk factor for coronary artery disease, stroke, and kidney failure. It is the leading cause of blindness in adults ages 20-74.⁹

MENTAL HEALTH:

Frequent Mental Distress:

In the 2000 Monroe County survey, 9.8% of adults reported frequent mental distress. This was consistent with 1997 data and national data.¹⁰

Frequent mental distress (FMD) is a measure that provides a rough estimate of mental health in a community. To improve the information available about the overall prevalence of general mental distress, the CDC utilized questions from the national Behavioral Risk Factor Surveillance System (BRFSS) to define FMD. This question was also used in the Monroe County survey.

FMD is defined by the question: "Now, thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?" A response of 14 or more days constitutes FMD.¹¹

Alcohol Use:

In Monroe County, 25% of adults are at risk for alcohol use disorders. Comparison data are not available.

An alcohol use disorder is defined as: "caused by the ingestion of alcohol over a period of time and in ways that leads to problems with health, personal relationships, school, or work. Alcohol use disorders include alcohol dependence, alcohol abuse, alcohol intoxication, and alcohol withdrawal."¹²

The AUDIT-C is a three-item screening tool for alcohol use disorders taken from the full Alcohol Use Disorders Identification Test. These "three questions about alcohol consumption appear to be a practical, valid primary care screening test for heavy drinking and/or active alcohol abuse or dependence."¹³

The questions include:

- In the past year, how often did you have a drink containing alcohol?
- In the past year, how many drinks did you have on a typical day when drinking?
- In the past year, how often did you have six or more drinks on one occasion?

Each question is scored from 0-4 points, depending on the respondent's report of the frequency of the behavior. A score of 4 or more indicates that the respondent is at risk for an alcohol use disorder.

⁸ Guide to Clinical Preventive Services, Second Edition, 1996, Report of the Clinical Preventive Services Task Force: 193.

⁹ Ibid.

¹⁰ Morbidity and Mortality Weekly Report, May 01, 1998/47(16):325-331

¹¹ Ibid.

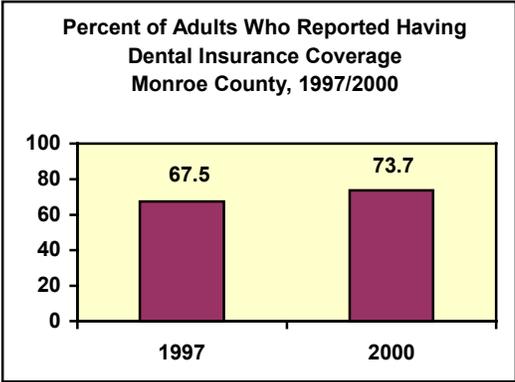
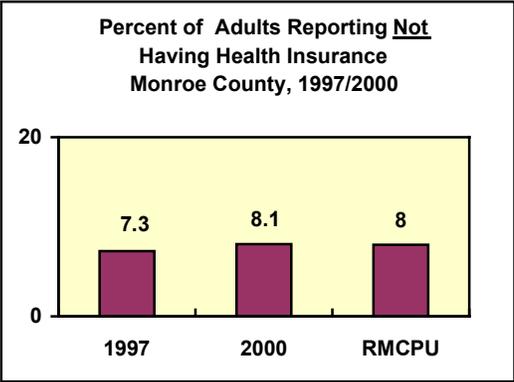
¹² L. Schmidt, R. Room, "Cross-Cultural Applicability in International Classification and Research on Alcohol Dependence," Journal of Studies on Alcohol, 60(4), 448-462, July 1999.

¹³ Bush, et al. "The AUDIT Alcohol Consumption Questions (AUDIT-C)—An Effective Brief Screening Test for Problem Drinking," Archives of Internal Medicine, Vol. 158 No. 16, September 14, 1998

HEALTH CARE COVERAGE:

An estimated 8.1% of Monroe County adults do not have any kind of health insurance coverage. This is unchanged since the 1997 survey and is consistent with the findings of the Rochester and Monroe County Partnership on the Uninsured (RMCPU) of 8%.¹⁴

The percentage of adults with dental insurance coverage increased since 1997, from an estimated 68% to 74%.



SELF REPORTED HEALTH STATUS:

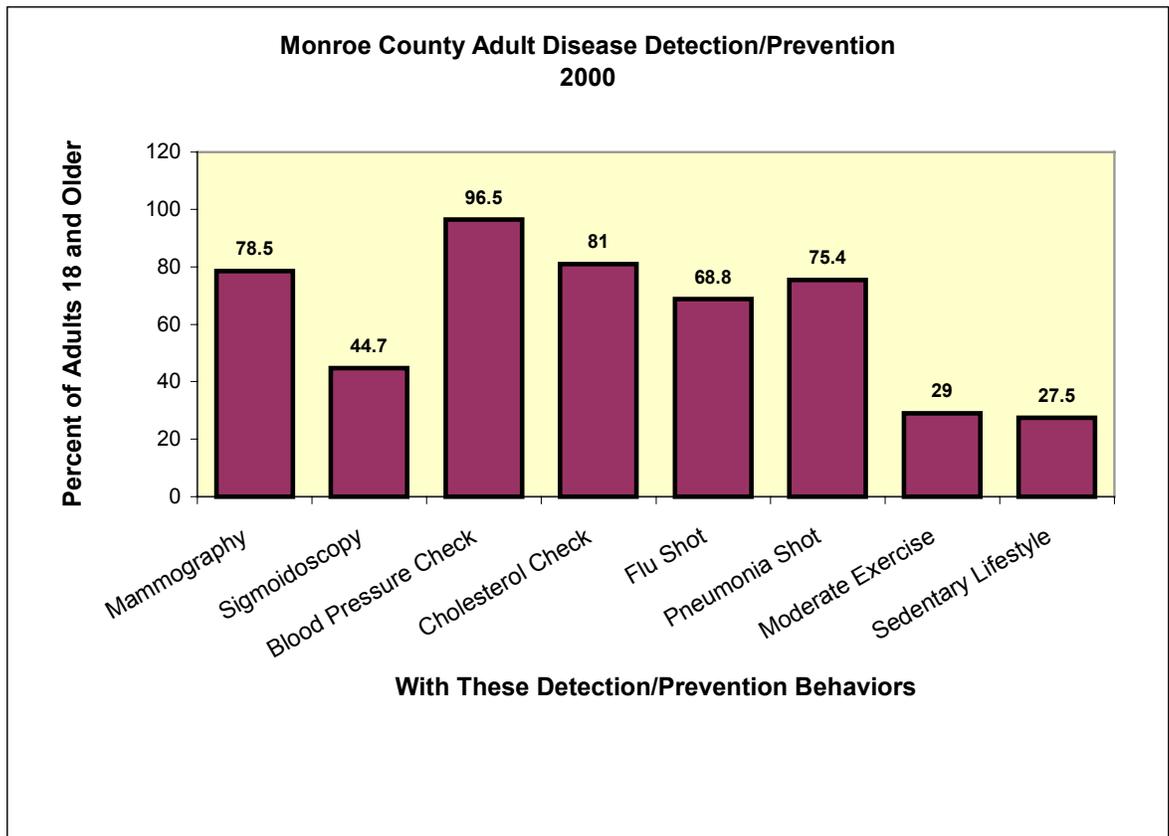
12.1% of Monroe County adults reported their health status to be fair or poor when asked “Would you say in general your health is Excellent, Very Good, Good, Fair or Poor.” This is consistent with 1997 data (10.8%) and with national data (13.5%). Good to excellent self-reported health correlates with lower risk of mortality.¹⁵

¹⁴ The Survey of Health Care Coverage and Access in Monroe County, Rochester and Monroe County Partnership for the Uninsured, Rochester, NY, 2000.

¹⁵ E.L. Idler, and Y. Benyamini, “Self-reported health and mortality: A review of twenty-seven community studies,” *Journal of Health and Social Behavior* 38 (1997): 21–37.

DISEASE DETECTION/PREVENTION

Below is a chart that displays behaviors of Monroe County adults related to the detection and prevention of disease. Each of these is discussed in detail on the following pages.



HEALTH SCREENING

Mammography:

According to the survey, 78.5% of women ages 40 and older reported having had a mammogram within the recommended time frame for their age (within two years for women ages 40-49 and within one year for women 50 and older). This was unchanged from the 1997 data.

Although controversy has surrounded breast cancer screening guidelines, many experts agree that regular screening of women ages 50-74 significantly reduces breast cancer mortality¹⁶. At national, state and local levels, progress toward this goal is being tracked, largely through estimates based on self-report. However, because previous studies in Monroe County have shown that self-report tends to overestimate actual mammography use, these estimates must be cautiously interpreted.

¹⁶K. Kerlikowske, et. al., "Efficacy of Screening Mammography: A meta-analysis," *JAMA* 273 (1995):149-154.

Colorectal Cancer Screening:

In the 2000 survey, 82% of Monroe County adults over the age of 50 reported having had a Fecal Occult Blood Test (FOBT) in the last two years (Year 2010 goal = 50%). 44.7% reported having ever had a sigmoidoscopy (Year 2010 Goal =50%).

Studies show that at least one third of deaths from colorectal cancer could be avoided if people 50 and older had regular screening tests. Screening helps reduce deaths from colorectal cancer in two ways: by finding pre-cancerous polyps that can be removed before they become cancer, and by finding colorectal cancer early, when treatment is most effective.¹⁷ The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer all persons age 50 and older including an annual FOBT and/or a sigmoidoscopy at intervals determined by the individual's physician.¹⁸

Blood Pressure Screening:

96.5% of respondents report having had their blood pressure checked within the two years prior to the survey.

95.1% knew whether their blood pressure was high or normal at the time it was checked, achieving the year 2010 goal of 95%.

Cholesterol Screening:

Eighty-one percent of adults surveyed reported that they have had their cholesterol checked within the last five years. This is consistent with the Healthy People 2010 goal of 80%.

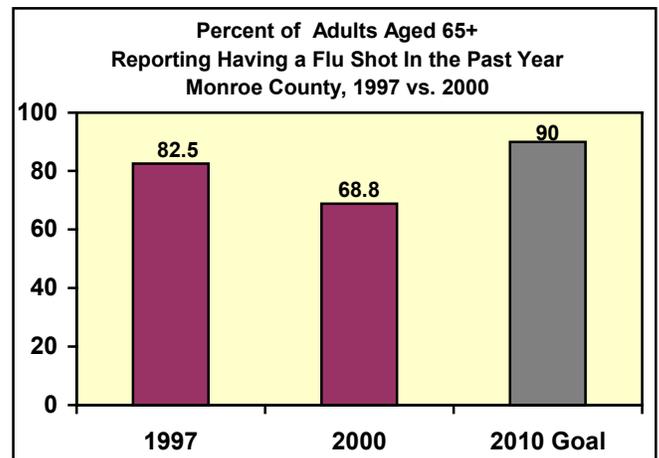
The third edition of the Guide to Clinical Preventive Services recommends that all men aged 35 and older and all women aged 45 and older be screened routinely for lipid disorders. Younger adult should be screened if they have other risk factors for heart disease. These risk factors include tobacco use, diabetes, a family history of heart disease or high cholesterol, or high blood pressure.¹⁹

HEALTHY BEHAVIORS:

Flu and Pneumonia Immunization:

In Monroe County, the percentage of older adults having a flu shot, dropped between 1997 and 2000 from 82.5% to 68.8%. (The Year 2010 Goal is 90%) This decrease was most likely due to the delay in vaccine availability in the fall of 2000.

There has been a major increase in the percent of older adults who have received a vaccination to prevent pneumococcal infection. In 1997, 49.7% indicated that they had ever had a pneumococcal vaccination, as compared with 75.4% in 2000. (The year 2010 goal is 90%).



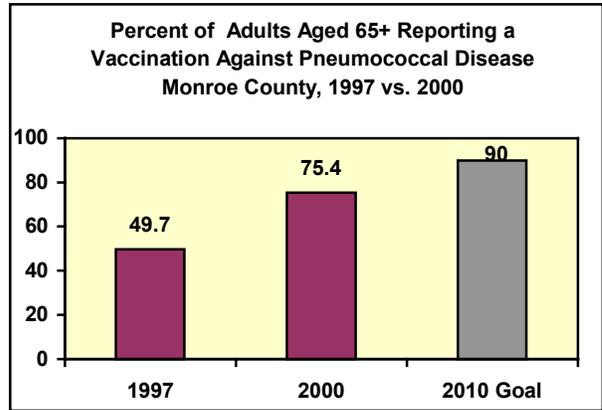
¹⁷ DJ Ahnen, KL Lynch, "Colorectal Cancer Screening in Average and High-Risk Groups," *Advances in Internal Medicine*.46 (2001):77-106.

¹⁸ *Guide to Clinical Preventive Services, Second Edition*, 1996, Report of the Clinical Preventive Services Task Force: 89.

¹⁹ *Ibid.*, 2001 <<http://www.ahcpr.gov/clinic/ajprmsuppl/lipidr.htm>> (March 5, 2002).

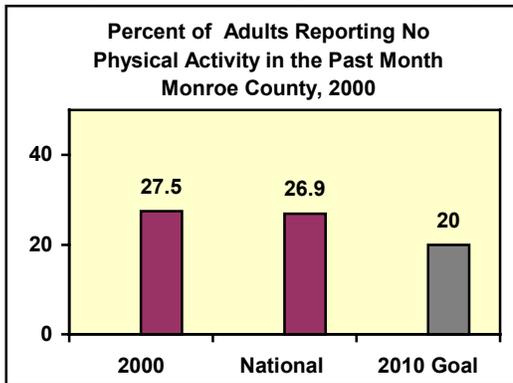
This increase is likely due to the Project to Improve Pneumococcal Immunization (PIPI).

PIPI conducted a public information campaign from 1998-2000 and worked with primary care providers and long term care facilities to increase use of pneumococcal polysaccharide vaccine (PPV). Since 1998 PPV has been offered in public flu clinics. In addition, increasing PPV rates was a quality goal of other organizations including HMOs and hospitals.



Physical Activity:

In the survey, 27.5% of respondents reported engaging in no leisure time physical activity in the month prior to the survey. This is comparable with national data. 29% reported that they had achieved a moderate level of physical activity and 36% reported getting 20 minutes or more of aerobic activity on three or more days/week.

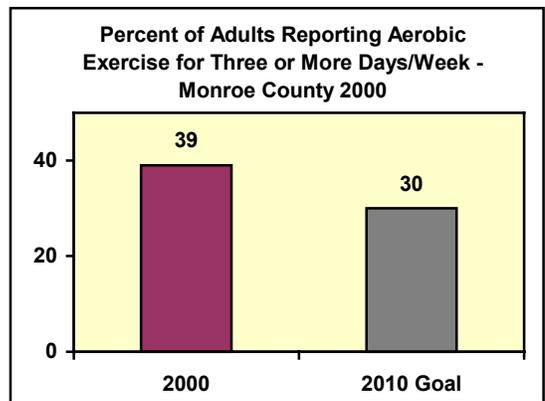
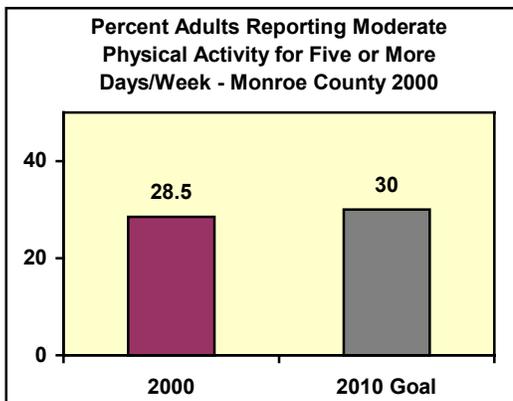


The Surgeon General's Report on Physical Activity and Health concluded that people of all ages, both male and female, benefit from regular physical activity and that significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all days of the week. (Moderate activity is defined as that which causes light sweating or a slight to moderate increase in breathing or heart rate)²⁰ Additional health benefits

can be gained through higher levels of physical activity.

Physical activity reduces the risk of premature mortality in general, and mortality from coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular. Physical activity also improves mental health and is important for the health of muscles, bones, and joints.²¹

The Healthy People 2010 goals identify a sedentary lifestyle as a significant risk factor in the development of chronic disease. Goals for increasing physical activity include regular, moderate physical activity for five or more days each week and aerobic activity on three or more days/week.



²⁰ National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics.

²¹ Physical Activity and Health: A Report of the Surgeon General, U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion.

CONCLUSION

The Monroe County Adult Health Survey provides valuable information to help our community determine where to focus its resources for adults and older adults in order to improve individual health and the health of the community.

In most areas, Monroe County adults have not achieved the **HEALTHY PEOPLE** goals for the year 2010. Improvements have been made in some areas since 1997, including the percentage of adults with dental insurance, and those receiving pneumococcal vaccine. Fewer respondents received a flu shot, however, and more report that they are obese.

Most of the major chronic diseases that limit activity or shorten lives can be attributed to what people do and what they do not do. Addressing the risk factors, risk behaviors and health screening practices highlighted in this report can have a significant impact on the health of our community.